

7th International Conference and Exhibition on

Pain Research and Management

October 11-12, 2018 | Zurich, Switzerland

Pharmacologically controlling pain without opioids

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With the increased use of opioids for control of pain, the drug seeking behavior of some segments of the population, and the small percentage of physicians who prescribe narcotics and opioids for unsubstantiated complaints of pain, the entire method of medication selection for pain has to be re-examined. Pain is a subjective experience, and there is absolutely no way to reliably and consistently measure pain, other than self-reporting from a patient. However, saying a patient has pain, is too broad a statement, akin to saying a patient has a car, which needs repair. A mechanic cannot repair a car without knowing what type of car it is, and what the problems the car has, any more than a physician can help a patient without a proper diagnosis, and understanding what type of tissue is damaged. There are four major components to the rational selection of medication, other than opioids, for pharmacological management of pain: assessing the validity of pain; proper diagnosis is essential for the correct selection of medication; treatment of acute pain is not the same as chronic pain and; damage to different tissue types produce different types of pain, and each tissue type responds to different types of medications. The description of the type of pain may give important insight into the type of tissue which is damaged, and thus allow more rational selection of the type of medication best suited to control the pain. Proper medication selection for the following types of tissue damage will be reviewed: primary muscle spasm, secondary muscle spasm, vascular spasm, vascular compression, vascular inflammation, acute and chronic joint inflammation, infection, acute bone pathology, ligament damage, nerve compression and nerve irritation.

Recent Publications:

1. Hendler N (1982) The anatomy and psychopharmacology of chronic pain. *Journal of Clinical Psychiatry* 43(8 Pt 2):15-21.
2. Hendler N (1997) Psychological and Psychiatric Aspects of Pain in Neurosurgical Management of Pain, Chap. 2:22-36, ed. North R, Levy R, Springer-Verlag, New York, ISBN 978-1-4612-1938-5
3. Hendler N (2000) Pharmacological Management of Pain, Chapter 12 in Practical Management of Pain, pp. 145-155, Third edition, P. Prithvi Raj Editor, Mosby, St Louis.
4. Hendler N (2018) Neuro-Pharmacology Of Chronic Pain, Chapter 7 in Why 40%-80% of Chronic Pain Patients Are Misdiagnosed, and How to Correct That, pp. 93-119, Nova Science Publishing, New York, ISBN: 978-1-53612-618-1.

Biography

Nelson Hendler, MD, MS graduated cum laude from Princeton University. He has an MD and MS in Neurophysiology from University of Maryland School of Medicine. He did his Residency in Psychiatry at Johns Hopkins Hospital, and remained on the Faculty at the Medical School for 31 years. He has published 4 books, 33 medical text book chapter, and 65 articles. He has lectured in over 60 hospitals and medical schools in the US and in 10 other countries. He has served as the President of the American Academy of Pain Management and the Reflex Sympathetic Dystrophy Association of America, and served on the board of the Lightning Strike and Electric Shock Survivors International.

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